



Send completed forms to
DOH Communicable Disease
Epidemiology
Fax: 206-418-5515

Enterohemorrhagic *E. coli* (*E. coli*, shiga toxin-producing)

County _____

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use
ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

REPORT SOURCE

Initial report date ____/____/____ Investigation start date: ____/____/____
Reporter (check all that apply) ☐ Lab ☐ Hospital ☐ HCP ☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know
Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____ Birth date ____/____/____ Age _____
Address _____ ☐ Homeless Gender ☐ F ☐ M ☐ Other ☐ Unk
City/State/Zip _____ Ethnicity ☐ Hispanic or Latino
Phone(s)/Email _____ ☐ Not Hispanic or Latino
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____ Race (check all that apply)
Phone: _____ ☐ Amer Ind/AK Native ☐ Asian
Occupation/grade _____ ☐ Native HI/other PI ☐ Black/Afr Amer
Employer/worksite _____ School/child care name _____ ☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: _____ days

Signs and Symptoms

Y N DK NA
☐ ☐ ☐ ☐ **Diarrhea** Maximum # of stools in 24 hours: _____
☐ ☐ ☐ ☐ **Bloody diarrhea**
☐ ☐ ☐ ☐ **Abdominal cramps or pain**
☐ ☐ ☐ ☐ Nausea
☐ ☐ ☐ ☐ Vomiting
☐ ☐ ☐ ☐ Fever Highest measured temp (°F): _____
☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

Predisposing Conditions

Y N DK NA
☐ ☐ ☐ ☐ Antibiotic taken for this diarrheal illness
☐ ☐ ☐ ☐ Underlying illness, specify: _____

Clinical Findings

Y N DK NA
☐ ☐ ☐ ☐ **Hemolytic uremic syndrome (HUS)**
☐ ☐ ☐ ☐ **Thrombotic thrombocytopenic purpura (TTP)**
☐ ☐ ☐ ☐ Coagulopathy (platelets < 100,000)
☐ ☐ ☐ ☐ Acute anemia with microangiopathic changes
☐ ☐ ☐ ☐ Kidney (renal) abnormality or failure
Resulting in kidney dialysis: ☐ Y ☐ N ☐ DK ☐ NA

Hospitalization

Y N DK NA
☐ ☐ ☐ ☐ Hospitalized for this illness
Hospital name _____
Admit date ____/____/____ Discharge date ____/____/____
Y N DK NA
☐ ☐ ☐ ☐ Died from illness Death date ____/____/____
☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

Collection date ____/____/____
P N I O NT
☐ ☐ ☐ ☐ ☐ ***E. coli* O157:H7 culture**
☐ ☐ ☐ ☐ ☐ **Non-O157:H7 Shiga toxin+ *E. coli* culture**
Type if non-O157:H7 _____
☐ ☐ ☐ ☐ ☐ ***E. coli* O157 Shiga toxin+ culture**
☐ ☐ ☐ ☐ ☐ ***E. coli* O157 culture, without Shiga toxin+ [Probable]**
☐ ☐ ☐ ☐ ☐ **EHEC titer elevated Type: _____ [Probable]**
☐ ☐ ☐ ☐ ☐ Shiga toxin assay, no isolation of *E. coli* [Suspect]
☐ ☐ ☐ ☐ ☐ Food specimen culture
PFGE result: _____

P = Positive O = Other, unknown
N = Negative NT = Not Tested
I = Indeterminate

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

Exposure period

-8 -1

o
n
s
e
t

Contagious period

1 week to weeks

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
 Out of: ☐ County ☐ State ☐ Country
 Dates/Locations: _____

- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**

- ☐ ☐ ☐ ☐ Contact with lab confirmed case
☐ Casual ☐ Household ☐ Sexual
☐ Needle use ☐ Other: _____

- ☐ ☐ ☐ ☐ Contact with diapered or incontinent child or adult
☐ ☐ ☐ ☐ Beef

Rare, undercooked, or raw: ☐Y ☐N ☐DK ☐NA

- ☐ ☐ ☐ ☐ Ground beef
 Rare, undercooked, or raw: ☐Y ☐N ☐DK ☐NA

- ☐ ☐ ☐ ☐ Handled raw meat

- ☐ ☐ ☐ ☐ Venison or other wild game meat

- ☐ ☐ ☐ ☐ Other meat products: _____

- ☐ ☐ ☐ ☐ Raw fruits or vegetables

- ☐ ☐ ☐ ☐ Sprouts (e.g. alfalfa, clover, bean)

- ☐ ☐ ☐ ☐ Fresh herbs Type: _____

- ☐ ☐ ☐ ☐ Unpasteurized milk (cow)

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Y N DK NA

- ☐ ☐ ☐ ☐ Juices or cider, Type: _____
 Unpasteurized: ☐Y ☐N ☐DK ☐NA

- ☐ ☐ ☐ ☐ Known contaminated food product

- ☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)

- ☐ ☐ ☐ ☐ Food from restaurants

Restaurant name/location: _____

- ☐ ☐ ☐ ☐ Source of drinking water known

☐ Individual well ☐ Shared well

☐ Public water system ☐ Bottled water

☐ Other: _____

- ☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)

- ☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)

- ☐ ☐ ☐ ☐ Case or household member lives or works on farm or dairy

- ☐ ☐ ☐ ☐ Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
 Specify animal: _____

- ☐ ☐ ☐ ☐ Zoo, farm, fair or pet shop visit

- ☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere

Cattle, cow or calf: ☐Y ☐N ☐DK ☐NA

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PATIENT PROPHYLAXIS / TREATMENT**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Employed as food worker
☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period
☐ ☐ ☐ ☐ Employed as health care worker
☐ ☐ ☐ ☐ Employed in child care or preschool
☐ ☐ ☐ ☐ Attends child care or preschool
☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)
☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Exclude from sensitive occupation (HCW, food, child care) or situations (child care) until 2 negative stools
☐ Hygiene education provided
☐ Restaurant inspection
☐ Child care inspection
☐ Testing of home/other water supply
☐ Initiate traceback investigation
☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____ Record complete date ____/____/____